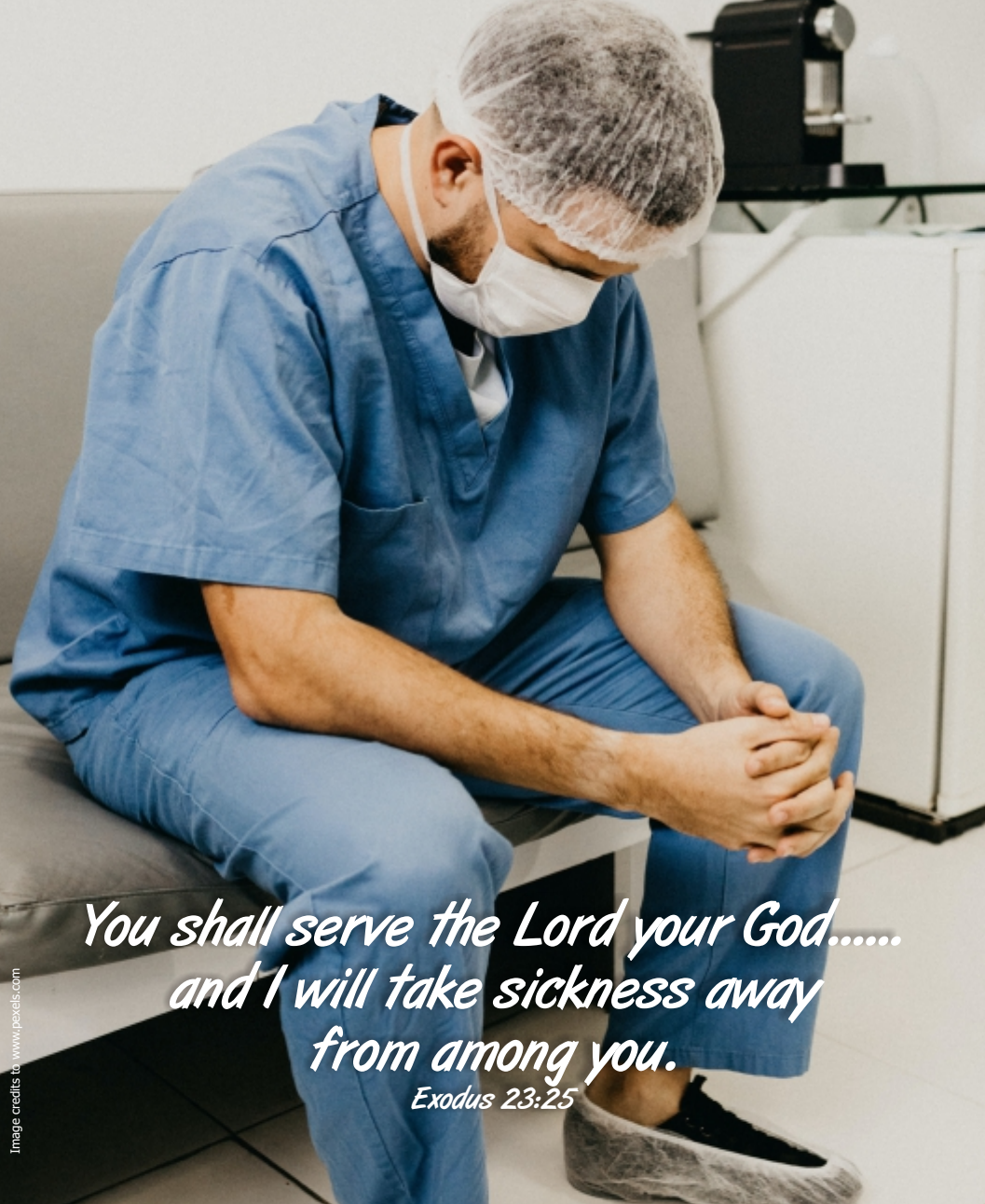


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A Journey of Faith



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and I will take sickness away
from among you.*
Exodus 23:25

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Editorial



Rev. Vijayesh Lal

46-year-old George Perry Floyd, an African American, was killed on 25th May 2020 in Minneapolis, Minnesota by Derek Chauvin, a white police officer who knelt on his neck for almost eight minutes even when Floyd was handcuffed, lying face down and pleading with the officer and repeatedly crying, “I can't breathe.”

Floyd was arrested allegedly for using a counterfeit currency note. When bystanders attempted to intervene, the police officers accompanying Chauvin did not let them. Two other officers had restrained Floyd. It is reported that during the final three minutes, Floyd was motionless and had no pulse while Chauvin ignored onlookers' pleas to remove his knee. He finally lifted his knee from Floyd's neck when the medical team told him. Floyd was pronounced dead later in hospital.

It was abuse of police power coupled with the arrogance of race. This incident has sparked huge protests, some of them violent, and debates in the United States of America on systemic racism, and on police

brutality. It has also brought the #BlackLivesMatter (BLM) movement to the forefront. The movement was founded in 2013 in response to the acquittal of George Zimmerman, who had shot and killed a 17-year-old African American teen, Trayvon Martin. The BLM Movement has since organized protests, against incidents of police brutality against African American people.

While the United States of America engages with the questions of systemic racism and police violence, we in India too must consider how casteism and police brutality are issues in our nation that we must take cognizance of. The danger signs have long been there.

This was painfully clear to the nation as on 21st June 2020, 31-year-old Emmanuel Benicks died after being brutally tortured by the police in Sathankulam town of Thoothukudi district in Tamil Nadu. His father P Jeyaraj, 59 years old, died the next day, also because of the torture inflicted on him by the police.

According to media reports, “It all

began on June 18 when Jeyaraj kept his mobile shop open even after the curfew time ended. It is alleged that Jeyaraj, commented against the police action, which was conveyed to the police by an auto driver. Jeyaraj was then taken to the Sathankulam police station the next day for enquiry. When Bennicks went to find out what happened to his father, he saw Jeyaraj being beaten by the police. When Bennicks went to enquire into this he was also taken into custody.”

They were beaten up viciously by eight policemen, including Inspector Srithar, Sub-Inspector Raghu Ganesh and Balakrishnan and five others who are friends of the police in the Sathankulam station, according to media reports. The family has alleged they were sodomized with rods by two sub-inspectors and two constables.

Failed by the judicial system, the father and son would have been alive today, if the doctors and lower courts had taken notice of their condition and intervened. Instead the doctors chose to send them back to jail with a note to come back later and the Magistrate P. Saravanan overlooked their trauma and remanded them again to police custody on 20 June. Benicks died in the Kovilpatti Government Hospital on 21 June while his father Jeyaraj died the next morning.

Stories that have emerged after this gruesome incident from media outlets like The Week and The Lede

also have alleged that the police personnel in this police station had been involved in a trail of violence and casteism. Reports of a pastor also having been beaten by the same police personnel in February 2020 have surfaced.

That the incident has occurred during the time where restrictions have been placed because of COVID-19 is also significant as the pandemic seems to have become an excuse to ignore the rule of law. It was also sorely evident on 6th June in Jodhpur, Rajasthan, after a video emerged on social media which depicted, in an almost repeat of the George Floyd incident, a policeman kneeling on the neck of a person and pinning him down, allegedly for not wearing a mask.

There has been a long-standing demand for police reforms in India. There seems to be a general lack of confidence in the existing system expressed even by senior police functionaries sometimes. Many malpractices plague the system including fake encounters etc. Existing police procedures of investigation including recording of statements, confessions have now become outdated, considering that they were codified in 1898. The Code of Criminal Procedure was amended in 1973, but the police procedures did not undergo much change.

Our police forces need to be more humane. They also need to be educated against casteism and

religious fundamentalism, or intolerance, as there have been many cases of violence against Dalits and religious minorities at the hands of the police. This anti Dalit and anti-minority feeling seems to run deep in the law and order machinery of India.

According to the Prison Statistics of India Muslims, Dalits and Tribals make up for 53% of all prisoners in the nation although the proportion of these three communities adds up to about 39% in the country. Experts have said that this systemic problem is not because these communities commit more crimes. Rather, it arises because they are economically and socially under-privileged and unable to fight costly cases or often even pay for bail. Some experts also say that these communities are targeted with false cases.

Our Lord Himself was a victim of false accusations, police brutality and custodial torture. He was beaten, stripped of his clothing, humiliated and dehumanized. The Roman soldiers carried out those unspeakable atrocities on Him because they were not bothered about any punitive action against them. Modern day police atrocities also stem out of this fact of the absence of accountability. Even more shocking is the seeming unwillingness within the system to speak out against these problems. Silence of the good ones only appears as complicity.

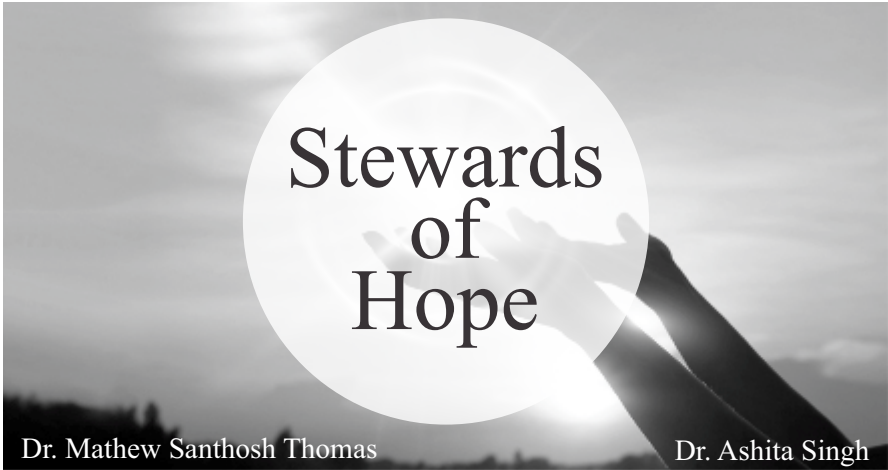
We live in a world that was marred by sin; we live in a broken world. Crime does exist and needs to be addressed and the perpetrators held accountable. But we also need to remember that God sees when justice is perverted or denied. “When all the prisoners of the land are crushed under foot, when human rights are perverted in the presence of the Most High, when one's case is subverted—does the Lord not see it?” Lamentations 3: 34–36 (NRSV)

Jesus said that He had come to set the oppressed free (Luke 4:18) and we, His followers, are called to “remember those who are in prison, as though you were in prison with them; those who are being tortured, as though you yourselves were being tortured.” (Hebrews 13:3).

And so, we, the Body of Christ, must work, along with others, towards the construction of a system that genuinely cares for and restores not only victims, but also offenders (while holding them accountable for their crimes) and law and order personnel and by extension the whole community. A justice system after God's heart would be one that heals and restores. Social conditions and structural evils that lead to crime must be addressed and a healthy, positive collaboration and interaction between the members of law enforcement and the community at large must be cultivated.

Rev. Vijayesh Lal

[1] <https://indianexpress.com/article/opinion/columns/beyond-police-reform-judiciary-national-police-commission-5406508/>



The COVID19 pandemic has destabilised the entire world. As health care professionals, we are at the fore-front in the response to this global crisis as it unfolds in our nation. How should we as Christians position ourselves to respond at a time like this? We would like to consider our response from three perspectives: the reality of the *challenges*; the *opportunities* that these present; and the foundations for our *hope*.

Challenges

Uncertainty and fear

The chaos caused by this pandemic in all the nations of the world has not left any of us untouched. As communities, the fabric of our normal lives has been completely disrupted. A mere four months ago,

Coronavirus was a distant entity in China, with one stray patient discovered in India who would, no doubt, be easily cured. Surely, there was nothing to fear. The current reality, however, is that there is barely anyone in India whose circles remain unaffected by the disease. When we started serious containment and mitigation measures such as the lockdown, many of us in denial thought that in a few weeks, life would return to normal. As things turned out, weeks progressed to months, and the end of this nightmare still seems nowhere in sight. The curves seem to defy all attempts to flatten them, and the predictions from all quarters spell doom. Numbers of people affected continue to rise by the thousands, and deaths by the hundreds everyday. Individuals, communities, institutions and governments alike

are gripped by fear and panic. There is a multiplicity of opinions and conflicting recommendations from various quarters about this unseen enemy and how it must be tackled. Social media is teeming with daily anecdotes of the havoc that the pandemic is causing in the lives of our citizens: people killing families in desperation; patients denied appropriate care; migrant workers walking miles till they drop dead from exhaustion or are run over by trains; increasing numbers of front-line workers succumbing to the disease.

We see individuals, institutions, organisations and states alike, taking decisions driven by fear, as measures of self-protection. We are beginning to realise that some of these measures may backfire, as they cannot be indefinite. A lockdown cannot continue if the economy is to survive. Hospitals cannot indefinitely remain closed, neither can “non-essential” services, as they are in fact, essential for the livelihood of a large proportion of our society. But, how will we manage the spread of the virus once these drastic containment measures are lifted? How long will this go on? How many more of our people will die? Could my family members or I be among those? Questions such as these continue to lurk in every mind,

with no consolation coming from any quarters.

Resource Limitations

Health care experts around the world share their recommendations and guidelines for protection and management of health care facilities and patients, that emerge as expected standards of care. For many of us in the reality of our contexts in rural secondary level healthcare that is poor-focussed, these standards are unreachable for various reasons. These are related to inability to access testing for patients, lack of adequate, affordable personal protective equipment, and challenges in being able to develop systems of care that minimise the risk of transmission across patients and to health care workers. All these systems are expensive, and translate to patient costs. When we are already stretching our resources to remain affordable to the poor, this becomes an added burden. Additionally, with the lock-down and the loss of daily wages, people struggle to meet basic needs for food. Even our extremely low-cost facilities are unaffordable for them. How do we continue to cater to the health-care needs of those who come to our doors critically ill, hungry, and without a penny in their pockets? If we continue to care for them, how will we make ends meet as an institution?

Difficult questions, with no easy answers.

Stewardship and Responsibility of Risk

As leaders in healthcare, we are involved in making decisions for our health care facilities, which impact the well-being of those under our care. Our policies for triage, patient placement and flow, as well as use of limited personal protective equipment may have implications for the safety of our staff and patients. This is a responsibility that weighs heavy on our shoulders. Additionally, there are concerns of the risks that our profession poses to our families that we return to at the end of the day, particularly if there are vulnerable people in our families such as elderly parents or people with co-morbidities. It is not feasible to indefinitely quarantine ourselves from them.

Litigious society

In addition to the pressures of trying to provide the best possible care within limitations, there is the fear of litigation. Although this is not a big issue in rural areas, it is on the rise in cities, with healthcare facilities being held responsible even for things that are not within their control. To be fair, we have bred this mistrust over decades. We were

advised, even in our remote rural tribal hospital, to have a written consent (from our largely illiterate patients), saying that they understood the risk of inadvertently contracting Covid-19 while accessing services.

There are also protocols set by the various state governments regarding management and referral of patients who are suspected to have the disease, to be tested. However, as the procedures for institutional isolation, quarantine and the resulting ostracism from their communities are feared by patients, many deny their travel histories and significant symptoms, leading to a delay in timely diagnosis, and putting contacts including health care workers at risk.

Opportunities:

There are many more challenges but let us now take a moment to consider the opportunities that are available to us even within these challenges, as Christian professionals.

Responding with a sound mind

We read in 2 Timothy 1:7 (NKJV), “God has not given us a spirit of fear, but of power, of love, and of a sound mind.” The influence of the Spirit of God is required to produce a genuinely sound mind. The sound

mind Paul speaks of, is a mind under the control of God's Holy Spirit. In the sense of self-discipline, the word *sophronismos* denotes careful, rational, sensible thinking. Having a sound mind requires a thought process based on the wisdom and clarity that God imparts rather than being manipulated by fear. ³ This is the sound mind we need to cultivate – a mind under the control of God. A mind that is able to grasp and evaluate emerging evidence, being diligent in learning, reviewing, and adapting it to our local contexts.

Innovations

God has given us his nature of creativity. Many of the prescribed standards and systems of care may be out of our reach. However, there are many innovative solutions that we can think of to set up workable systems in our contexts. We need to keep abreast with the developments, patterns and trends across the world, but respond wisely in the backdrop of the global scenario, by implementing locally relevant solutions in our contexts for the safety and wellbeing of those under our care. We have many examples of these innovative solutions, for example, PPEs from locally available materials, indigenously made effective hand sanitisers, and patient flow systems that have been designed. We also have the mandate

of actively cooperating with the local government in its efforts to overcome the challenge of the pandemic, following the recommendations and protocols for care, and participating in discussions with them.

Exploring Ways of Faithful Engagement

We need to understand what faithful engagement means for each one of us in these unprecedented times. For most of us in this generation, there has never been an experience like this pandemic, which has affected every human life in some way or the other, some taking the brunt more than others. For some engaging on the front lines of the battle, it is an opportunity to demonstrate and steward excellence in our profession. This excellence consists not merely in the quality of our knowledge and skills to correctly diagnose and combat disease, but in the measure that we display godly love for suffering people created in God's image who we have the opportunity to serve. It consists in our constant mindfulness of them as whole persons, with physical, social, emotional and spiritual dimensions that may not have an easy diagnostic tag: "Covid/non-Covid." It consists in exploring beyond the 'chief complaint' that might be but a surrogate for fear, anxiety, guilt,

broken relationships or loneliness. It consists in looking beyond the confines of our hospital walls and dreaming of the flourishing of the communities that our patients represent, now ravaged by poverty, alcoholism, child abuse, illiteracy, and disease.

For others of us who are locked-down, home-bound, unable to be out there, there may be other ways to engage. We might be able to support those in our neighbourhood who are at the fore front. A message of solidarity, a word of encouragement, a simple act of kindness can go a long way in building someone up. We might take the opportunity to intercede on our knees for God's mercy in this crisis. This is also a unique opportunity for us as Christians, to seek out and care for those who live on the fringes of our societies. Those whom the world conveniently forgets especially when scrambling for self-protection. We might find ways to participate in the care of the millions in our country who are more in need than us the elite, who are able to read this magazine.

As we consider the history of similar pandemics in history, Christians in healthcare did pioneering work, responding with courage and compassion. This is our legacy, to be channels of hope and healing for those who are the most vulnerable

and marginalised, whether it is those with disabilities, those with mental health issues, those with life-limiting illnesses, the poor, the disenfranchised and the disempowered among us. This might require us to leave our comfort zones (camps) and “go to him outside the camp, bearing the disgrace he bore” (Hebrews 13:8).

Reflecting on the foundations for our Hope

Holding on to a hopeful heart

In times of such profound uncertainty, where does our hope come from? Does it come from the various innovative ways we can respond to the pandemic; or from wishful thinking that the worst is unlikely to affect our country or us because of some genetic peculiarity; or a firm belief that we will be protected, come what may, because we trust in God? Yes, God does often choose to miraculously intervene in the lives of his children on this side of eternity, but he has a higher calling for us. He calls us to fix our eyes on a greater, yet unseen reality even as we endure this current painful one: “Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that

far outweighs them all. So, we fix our eyes, not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal”(2 Cor 4:16-18).

Our hope in uncertainty comes from the certainty of a God who is sovereign. It is centered in the assurance that the God we trust will use these circumstances for his eternal purposes. Although we cannot understand them now, we put our faith in a God who hears, a God who participates in our grief, a God who answers prayer, a God who holds the future and our lives in his hands.

Living in two dimensions

As people of God, we find ourselves consciously or otherwise, living in two dimensions. One is the natural, where we grapple with the reality of what is unfolding before us: the rising statistics, the precious lives lost daily, the economic devastation, and the multitudes of nameless, faceless people in our country who have been stripped of their livelihoods and now fight for their existence. Yet, another is the supernatural dimension where we commune with the God of the universe, experiencing his indwelling power within us in the daily routines of our lives as he promised. "For we have this treasure in jars of clay to show

that this all-surpassing power is from God and not from us” (2 Cor 4:7). As we pour out our hearts to him, and seek him earnestly in his Word, he refreshes us with his enduring love and goodness. As we groan inwardly, eagerly and patiently awaiting the final redemption of our bodies (Rom 8:23), we are told that “the Spirit helps us in our weakness. For we do not know what to pray for as we ought, but the spirit himself intercedes for us with groanings too deep for words” (Romans 8:26). What a faithful, accompanying God!

Instruments of encouragement and channels of peace

This is a time for us to be instruments of encouragement and channels of lasting hope and peace amid the turmoil around us. It is a season for us to come alongside those among us who are fearful and confused and encourage them with the balm of God's unchanging promises. Let us make opportunities to motivate those who are tired and exhausted, to find rest in God's lighter yoke. Let us find resources that will provide the strength for these warriors to continue in their love and good deeds. "Let us hold unswervingly to the hope we profess, for he who promised is faithful. And let us consider, how we may spur one another on toward love and good deeds, not giving up meeting

together (maybe online!), as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching” (Hebrews 10:23-25). It is also a blessed opportunity as many of us have experienced, to point the hungry to the Bread of Life, and the thirsty to the free gift of the

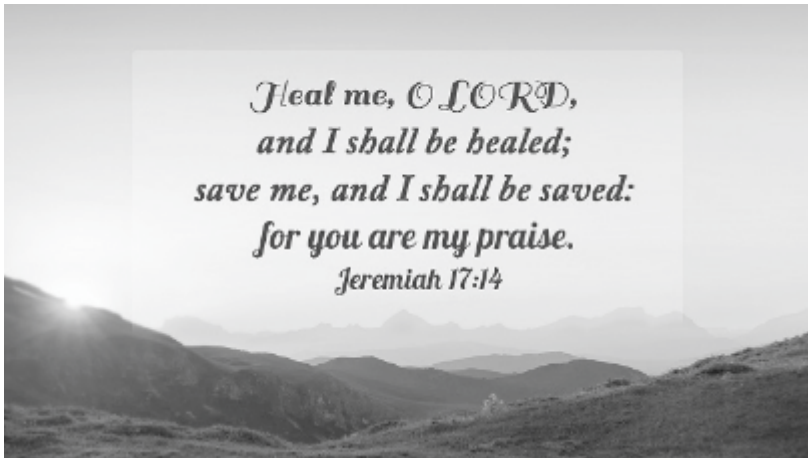
water of Life. At a time, when everything around looks bleak and hopeless, may we be people who allow our hearts to be broken, reflecting the love of the Father. But more so, let us simultaneously live strong and confident in His death-defying Hope, holding it out for our fellow-travellers to grasp.

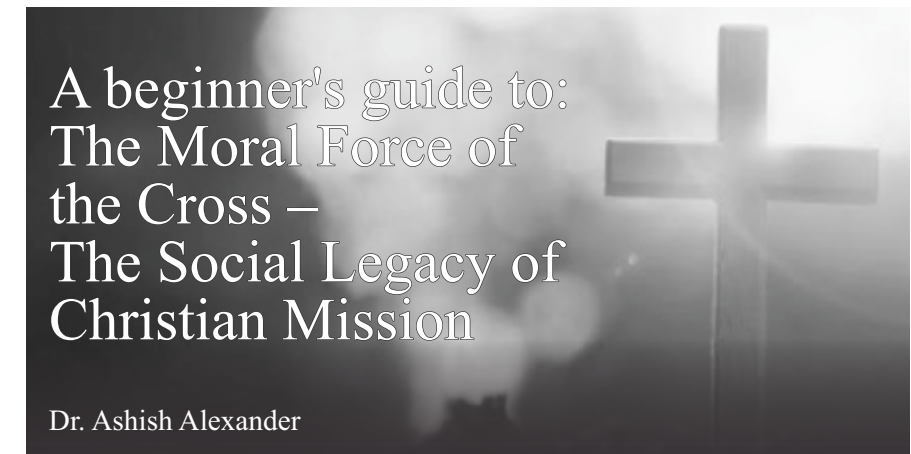


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A beginner's guide to: The Moral Force of the Cross – The Social Legacy of Christian Mission

Dr. Ashish Alexander

Is Christianity detrimental to society? Many critics and opponents of Christian faith claim that it is repressive and destructive. This criticism has been most strongly voiced in previously colonised countries such as India where Christianity is often identified with imperial aggression. In this article, Dr Ashish Alexander examines the role of Christianity in his homeland, to see if the criticisms are valid, or whether India is a case-study for the idea that Christianity is beneficial for society.

Twenty-five years ago, in arguably the most erudite attack on Christian missions in post-Independence India, Arun Shourie called for undoing the lingering influence of Christian faith in the country. The editor of a national daily who had exhibited crusading zeal in exposing

corruption in high places, Shourie repeated with renewed vigour a stock allegation against missionaries—that their influence symbolised the spiritual and cultural colonisation of the great Asian nation. His book *Missionaries in India: Continuities, Challenges, Dilemmas* (1994), written with characteristic flair, was a shot in the arm for religious extremists in India who have since then gained much strength and now control the country politically as well as culturally. Vishal Mangalwadi, a Christian social activist and author, began to respond to Shourie, former World Bank economist, in a series of letters that were eventually published as a book titled *Missionary Conspiracy: Letters to a Postmodern Hindu* (1996). This book by Mangalwadi not only defended the best of the missionary movement but also

posed a question: Once the missionary influence is wiped out from India—most likely by force—what would replace it? That might be the most important question in the first quarter of this twenty-first century when India is positioned delicately with regard to questions of human rights, freedom of press and justice for the traditionally oppressed peoples.

Contrary to the popular view that missionaries were spiritual aggressors allied with the British Empire, history tells us that the unpacking of the gospel humanised Indian society and helped rein in the aggressive and exploitative aspects of the colonial rule. The current crop of the so-called nationalists, driven by quest for pride and prestige, must by necessity deny the positive contribution of any outside agent, especially the missionaries. For them missionaries were failures who could not win enough adherents to their religion. However, the question was not always how many people converted to Christianity but how the moral-intellectual force exerted by the missionaries inspired many Indians, who did not clearly convert but carried forward the social vision of the missionaries—to create a free society where people freely choose what their conscience dictates.

In the year 1848, a young 21-year-

old Indian man from the traditionally “lower” caste of vegetable growers opened a school for the untouchable girls in Pune. This city was the hub of religious and caste orthodoxy in the western part of India, which was then called the Bombay Presidency. The school was the first of its kind—established and managed by an Indian. Jotirao Phule had suffered searing humiliation at the hands of upper-caste guests in a friend's wedding and knew first-hand the vulnerabilities that accompany people born in the so-called lower castes all the days of their lives. He wished to change it. A school for girls and that too from the untouchable castes was the revolutionary first step taken by the fiery young man, who once dreamt of adopting violent means to drive the British out of the country. But with the opening of the school, Phule accomplished something that no Indian had done or attempted before him.

It wasn't that there had been no schools for untouchable girls before Phule started one. There were. They were run not by the local-born affluent philanthropists from the privileged castes but by foreign missionaries who were committed to uplift the wretched of Indian subcontinent. The model that Phule followed was presented by a

missionary woman. Phule had visited Miss Farrar, an American missionary, in Ahmednagar in 1847. The commitment of the missionary lady deeply impacted the man who one day would be called the Mahatma, the great soul, for his reformist works. Impressed by the self-sacrificial love of the woman missionary, Phule started two schools, one in 1848 and another in 1851. He had realized that making intellectual resources available to the most neglected section of the society was the key to lift the country out of the quagmire of superstition, exploitation and poverty. He even wrote a play *Triya Ratna* (Third Jewel) in 1855 in which a Christian missionary plays the central role in the intellectual awakening of the India's poor and vulnerable peasants. Education became a lifelong mission of Jotirao. Later, his wife Savitribai became the first Indian woman teacher in one such school. The Phule couple was the first lower-caste social entrepreneurs who worked for a community that is even lower than them in the caste hierarchy. The untouchables were the most neglected people and prior to the Phules, the only support they ever garnered was by the missionaries.

This is one of the most celebrated instances of the ripple effects created

by the work of Christian missionary movement in India.

In the Eastern part of India, in the Bengal Presidency, the heroic struggle of Rev. James Long (1814–87) has become part of the Bengali folklore. A CMS missionary, Rev. Long fought valiantly on the behalf of the Indian peasants who were forced to grow indigo for the European planters. Before the missionaries arrived in the Lower Bengal, Indigo cultivation had already been going on for decades. It was the missionaries who in the 1850s began to complain against the unjust system that put the cultivator at considerable disadvantage. The peasants or the ryots, “appealed to missionaries to intercede”. While a number of missionaries involved themselves in highlighting the evils of indigo plantations, James Long was particularly effective as he ended up promoting a scathing critique of the system in a Bengali play *Nil Darpan* (Mirror of Indigo). The Bengali play by Dinbandhu Mitra was translated by Bengali Christian poet Michael Madhusudan Dutt “under Long's supervision”. Rev. Long also wrote a preface to the play. The name of the translator was not made public as the assumption was that European backlash would be quite severe against an Indian.

Rev. Long was understood to be the translator of the play. This act of support pushed Rev. Long into a protracted legal battle with the indigo planters that culminated in Long's imprisonment in 1861, in the year India's most celebrated poet Rabindranath Tagore was born. The planters, it seems, wished to make an example out of Rev. Long, and send a message to other missionaries that their intervention in social matters will be fought tooth and nail. Rev. Long, however, became an icon of resistance in colonial Bengal, and that reputation still remains.

A new moral dynamism accompanied the service of Christian missions in India. A new grammar of public engagement appeared with the coming of the gospel, at the heart of which was the concern for the poor, the weak and the oppressed. As powerful elites in the Eastern and Western world seek to shake off the vestiges of their

Christian past, the question has to be asked again—what will replace the moral anchor of our respective societies, an anchor that has been forged in the crucible of genuine Christian witness, service and worldview?



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(This article previously appeared at www.solas-cpc.org)

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Understanding our times: Anti-racism protests in America and some important insights for the Indian Church



Mr. Allan Varghese

On May 25, the death of an African American man –George Floyd – at the hands of 4 white policemen in Minneapolis, USA, sparked off worldwide outrage and condemnation. The protests that erupted following the incident not only resulted in the arrest of the 4 policemen but also kicked off an anti-racist movement which has now grown beyond the borders of America.

Let us look at:

*Racism

- * The American church's response to it
- * How this issue should affect us Indians vis-à-vis our attitude towards caste and colour.

Mr. Floyd's death reignited the anti-racism protests under the slogan, “I can't breathe” (the final words of Mr. Floyd), beginning a nationwide “black lives matter” protest, setting off international anti-racism protests

in numerous cities; Paris, Melbourne, and London to name a few. Although, it was Mr. Floyd's death that became the tipping point, there have been other killings in the recent past, such as the death of Ahmaud Arbery, (who was chased and shot by two white men while jogging) and Breonna Taylor (who was brutally killed in her own apartment, as part of a failed narcotics investigation) that added to the public outcry. Consequently, anti-racism protests started to emerge in full strength under the hashtag #blacklivesmatter. However, for any black American, these protests are not necessarily about Mr. Floyd, Mr. Arbery or Ms. Taylor, but it's about the long-held American problem with black lives that goes back to the inception of black history 400 years ago in August 1619, when the first English North American slave ship landed in Jamestown, Virginia.

It is a 400-year-old problem:

As theologian James H. Cone puts it, Black history refers to “the way African Americans were brought to this land (as slaves) and the way they have been treated in this land” (Cone 1990, 25). It is the story of having to fight for human rights and dignity to exist as humans. It is the story of African American “persons saying no to every act of white brutality” (Cone 1990, 26). It is also realizing that there was a resilient Black power against the evil of slavery and oppression. Theologically, it is a story of living through and fighting against theological arguments that argued, “the Negro is a beast, created with articulate speech, and hands, so that he may be of service to his master- the white man” (Carroll 1900, 1). These historical dimensions of pain, oppression, and resistance lives on in the lives of black American persons and culture.

African Americans began to taste freedom in the late 20th century and in our 21st century. In 1964, African Americans were given full equality, legally outlawing segregation through the Civil Rights Act following the Civil Rights Movement that began in the 1950s, led by Martin Luther King Jr. Consequently, unlike in the past, the African American population is “increasingly heterogeneous in terms of social class, educational level, and political orientation” (Sue 2006, 258). However, such

legislation did not transform the common white American's heart, which has been enthralled in historical power that continues to show up by heralding its privilege in various forms of daily racism against African Americans, but more importantly, in enforcing and sustaining systemic racism.

America's Problem of Systemic Racism:

African American progress on the social, educational, and political fronts has not eradicated the systemic nature of racism in America. 'Systemic racism,' which is also known as 'institutional racism,' “refers to how ideas of white superiority and biases against people of colour are captured in everyday thinking at a systems-level: taking in the big picture of how society operates, rather than looking at one-on-one interactions” (O'Dowd 2020). These systems include laws and regulations, but also unquestioned electoral and criminal justice systems. On highlighting the biased criminal justice systems, Ken Wytmsa writes, "More African American adults are under correctional control today than were enslaved in 1850, ten years before the Civil War began, and more are unable to vote than in 1870, the year the Fifteenth Amendment was passed. Black men are imprisoned at six times the rate of white men; estimates indicate that black men have a one-in-three chance of going

to prison in their lifetime” (quoted in Ramachandra 2020).

Overt everyday instances of racism could also be consequences of systemic racism, which makes things harder for African Americans to function well in the educational and employment sectors. It is far too common to suspect African American students as assailants in schools and colleges in an incident of theft or any unrest. These prejudiced profilings often create an unfavourable circumstance for the African American students in educational institutions, affecting their academic performance and their self-esteem and emotional self (Sue 2006, 261), linking them to a lapse in achieving social successes.

Therefore, the call against racism comes with an appeal to reform some of these social systems, pressurizing lawmakers to uphold equality while reexamining laws that disproportionately put people of color at a disadvantage. At the same time, to institute more regulations to ensure equal practice in all spheres of life—from the level of social systems to day-to-day interactions.

However, it is essential to understand the role of the church as a support system for the success of African Americans thus far and how it is becoming a catalyst in spearheading the anti-racism campaign today.

Church's Response and Leadership:

Historically, churches shaped the African American cultural identity in their fight against oppression. Churches gave African Americans a sense of family belonging. In such an environment, people find encouragement and motivation to focus on career opportunities and rights irrespective of the racist reality outside.

Religious leaders were at the forefront of the civil rights movement that brought segregation laws (also known as Jim Crow laws) to an end. Baptist preacher and one of the well-known leaders of the civil rights movement, Martin Luther King Jr., through writing and preaching, opened the eyes of American Christianity's problem of segregation. While speaking at the Dexter Avenue Baptist Church, Montgomery, Alabama, on November 4, 1956, King said, "segregation is a blatant denial of the unity which we all have in Christ. The segregator relegates the segregated to the status of a thing rather than elevate him to the status of a person. The underlying philosophy of Christianity is diametrically opposed to the underlying philosophy of segregation, and all the dialectics of the logicians cannot make them lie down together” (King 1986, 8). King's reflections were pivotal in bringing the Civil Rights Act. Such

historically contextualized Christian messages continue to be inspirational for the African American church leaders to fight against today's racism. At the same time, it also helps the white American church to listen and recognize racism so that Christians may love one another better. Subsequently, some of the anti-racism protests have become scenes of worship, repentance, and even baptisms.

For the Christian black Americans, these protests are prophetic calls, calling the American public to acknowledge the evil nature of atrocious racism. More importantly, calling non-black American Christians to seriously ponder the question, "what does God mean when a police officer whacks you over the head because you are black?" (Cone 1990, 24). To that extent, the protests have brought the church, especially the white church, to listen to the African American communities, take steps to address the systemic and everyday racism, and, more importantly, construct a public theology that recognizes racism as the neglected Gospel. Southern Baptist Convention President J.D. Gear, while addressing the largest group of Protestant churches in the U.S. stated that it is time for the church to recognize that, "our brothers and sisters of color — are hurting,...Southern Baptists, we need to say it clearly as a Gospel

issue: black lives matter. Of course, black lives matter. Our black brothers and sisters are made in the image of God", (Relevant Magazine, 2020). Ultimately, calling the American church to fully embrace the African American individual's dignity and worth as created in the Image of God in response to the black suffering.

These current cultural happenings in the United States of America can provide a well-needed reminder for the Indian church of the nation's systemic casteism issue.

A Reminder for the Indian Church:

In 1985, when missiologist Donald McGavran asked the Indian theologian Ken R. Gnanakan, "What should North Americans do regarding Indian church's caste issue? Gnanakan responded, "Let the church in North America recognize its own problem and seek to eradicate the evil of racism that still raises its ugly head. This exercise will help North American Christians become aware of the problem we face in India and identify with the Indian Church more empathetically" (Gnanakan 1985, 24). Today in 2020, the American church is finally coming around to recognize its own evil of racism. However, yet another question can be posited to the Indian Church within the context of the American anti-racism protests; will

the Indian Church actively recognize and take steps to eradicate the systemic nature of casteism and colorism pervading the country and the Indian churches?

The Indian church has been theologizing against the evils of the caste system. The Bangalore Declaration on Caste and the Church produced in February 1984 under the co-sponsorship of the Evangelical Fellowship of India Theological Commission and The Asia Theological Association clearly expressed concern against the caste system and put forth ten-point theological rationales towards the eradication of casteism. However, the issue of casteism still prevails on the subconscious level, “hidden as the invisible essence” similar to “electricity”, as Amy Carmichael puts it (Carmichael 1905, 80).

Often the Indian society and the church ignore the invisible essences of the caste system, leaving the lower caste persons to suffer in day-to-day distress. It took numerous deaths of African Americans (including Mr. Floyd's) for the American public to wake up to the atrocious nature of racism. There were similar deaths, such as Rohith Vemula's (Ph.D. Scholar who committed suicide at the University of Hyderabad in January 2016) and Kevin P. Joseph's, that calls for the Indian church to wake up to her responsibility to stand against the unjust treatment of Dalits in the

country. In 2018, Kevin P. Joseph's honor killing in Kerala is a strong reminder that "cultural untouchability" and abuse against Dalits still plague the Indian Christian subconscious (Gulf News 2020). Therefore, in light of the American anti-racism protests, the Indian Christians need to reflect upon her own casteism issue, take steps to embrace the Dalits with repentance, and uproot the caste and color biases.

Perhaps, the essential beginning point should be in listening to Dalit Christians, which is similar to the current white church in America that is taking steps to listen to the black story. Often historically, the American Christians have been criticized for being silent on race issues, which had only worsened the situation. Similarly, the Indian church's silence on caste issues and the historical association of missionaries with the Brahmins have also distanced the church from the culturally oppressed. Therefore, to challenge the historical casteism in India, it requires listening to the Dalit Christians. So that the transforming power of the Gospel be made evident in India. In other words, let us, the Indian church, prayerfully commit to demonstrating what Ambedkar asked Bishop Picket in 1935; "what Christianity can do and is prepared to do to remove the disabilities under which my people live." (quoted in Daniel 2007, 77).

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LIFE IN THE TIMES OF CORONAVIRUS

Dr. Sanjay Avinash Mall

The SARS Coronavirus is one of the plagues that has hit us very hard during the past few months. In fact, it is a disaster that knows no boundaries. We need not dwell on the origins of the virus but on the various implications that it has had on our personal and public lives. Some of the implications will continue for a long time to come.

1. Professional implications
2. Economic implications
3. Religious implications.
4. Social implications.
5. Gender implications.

Professional Implications:

Most of our generation had never gone through a lockdown of our country, when we were confined to our houses. While many of us may have had a desire to work from home and may even have been practising it

within the rules of our organisations, it is something we had not bargained for. Suddenly, we are finding it difficult to stay at home. Getting up to the sound of the alarm and getting ready to leave for work was an exercise that we were accustomed to for decades. This has now come to a grinding halt. The energy of the body that was utilized in these activities every morning is not being utilized. This can have deleterious effects on our health as well as we are glued to the laptops from morning to evening with no exercise.

Economic Implications:

About 40 crore workers in India, working in the unorganized sector, are at risk of falling deeper into poverty during the COVID-19 pandemic crisis. The International Labour Organisation (ILO) said in a report dated 6th April, 2020, that the

COVID-19 pandemic is affecting 2.7 billion workers globally due to lockdowns.

In India, with almost 90 per cent of the people working in the unorganized sector, about 400 million workers (40 crores) are at risk of falling deeper into poverty during this crisis. The ILO said that the current lockdown measures in India, which are at the high end of the University of Oxford's COVID-19 Government Response Stringency Index, have impacted these workers significantly, forcing many of them to return to rural areas.¹

The lockdown, imposed at 4 hours' notice, is having serious implications on the lives of the poor. This includes the daily wage labourers and the migrant workers who migrate to other states and neighbouring towns and villages in search of employment, leaving their wives and children behind in the villages. Due to this unplanned lockdown, these poor people have had to walk hundreds of kilometers from their workplaces to their villages. While many of them developed blisters on the soles of their feet, some even died on the way due to exhaustion. Thus, it is the poor who once again are bearing the brunt of this present lockdown. Om Prakash, aged 38 and a mason by profession in Delhi for the past 10 years, has walked 800 kms to reach

his home in Nadwa in Sidhharth Nagar.² He undertook this arduous journey along with a group of eight migrant workers and spent sleepless nights enroute to his destination. This happened as train and bus services were suspended from the midnight of March 24, 2020, without giving a second thought as to how the poor working in other cities would reach home. There are many other instances of labourers having hitchhiked their way home or having cycled all the way from Telangana to Uttar Pradesh.

In Lucknow, the rickshaw pullers do not know where their next meal is coming from. One of them, Surat Ram, has been left to guard the rickshaws of his friends who have left for their village in Sitapur.

In Lalitpur district, families are tense as their family members who were working in Jhansi and Gwalior had to walk back to their villages as they lost their jobs due to the sudden lockdown in the country. The continuing drought in Bundelkhand, lack of employment, and poverty had forced these people to migrate to the neighboring cities and states in search of employment. Approximately 40% of the people, the majority of them being youth, work as migrant labourers. The elderly people, women, and children stay in the villages. In one of the villages in Banda, Uttar Pradesh, the

villagers have decided to operate a community kitchen for their survival.³

The government has now taken the responsibility of helping the stranded migrant labourers to reach home, for which train and bus services have been restarted in various parts of the country. While the government's effort has been to bring back the stranded labourers, the real challenge that these people have to face up to once they reach home is to find employment in their native place from which they have been away for a long period. It is here that the non-governmental and faith-based organizations operating in that area can help the people to get trained in alternative skills and help them to either get hired or self-employed.

In order to kickstart the economy, the government has allowed the reopening of liquor shops in different parts of the country. While this has led to a huge sale of liquor in major cities of the country, it also threw social distancing norms to the winds. This action of the government has also drawn criticism from various quarters, including religious leaders who are of the opinion that if liquor shops can be opened, so can the places of worship and non-vegetarian food. This also will have its own implications in the lives of the poor who have lost their

means of livelihood. It could also lead to an increase in domestic violence in the homes which has already increased during this pandemic.

Religious Implications:

Our country is a religious country and Indians by and large are religious people, irrespective of the faith they profess. For the first time in the history of the country, our places of worship became inaccessible to us. Temples, churches, and mosques were locked down. All of us had to spend Sundays at home glued to the laptop or mobile phone to listen to sermons that had been pre-recorded and uploaded on YouTube or Facebook. The observance of festivals for people of all faiths has been very subdued owing to the pandemic all over the world.

In the villages of Unnao, a town in Uttar Pradesh, the people are very confident that the virus will not affect them as they pray regularly to God.⁴

For the Christian community, the occurrence of pandemics affects the church. The current pandemic has led to the emergence of the virtual church. Over the weeks, connecting with the church services on Facebook or on YouTube has become quite common. While this

was very difficult during Passion Week and Easter gradually the community has settled down to participating in online worship. One question for the clergy is how will sacraments be administered on Holy Communion Sunday. In some churches, the pastors are administering the sacraments online. Will this become the new normal in the life of the church is a question we need to grapple with.

An important role of the church would be to be carriers of hope in collaboration with the leaders of the other faiths as well. We should speak for the marginalized and not allow the spreaders of hate to win at any cost.

Social Implications:

Disasters bring out the best and the worst in human beings. At a time when the Muslim community is being targetted for the participation of its members in the congregation at the Markaz in Nizamuddin, New Delhi, there has been an incident where the Muslims in Bulandshahar, Uttar Pradesh, exhibited a wonderful example of communal harmony by performing the last rites of one of their Hindu neighbours as the relatives of the deceased failed to reach the funeral of the departed relative.⁵

In yet another incident, the members

of the Muslim community helped in performing the last rites of a Hindu neighbour in Indore as her relatives could not reach home due to the lockdown in the country. As a hearse could not be arranged to take the mortal remains to the cremation ground, the neighbours took the bier on their shoulders. The deceased had reportedly showered a lot of love and affection on these people during her childhood. Wearing safety masks as a precaution against coronavirus, they helped in making arrangements for the deceased's last rites and carried the body on their shoulders to the cremation ground located about 2.5 km away from the area.⁶

The kind-hearted Shakeel-ur-Rahman considered it more important to provide food to the hungry during this crisis than to attend the funeral of his mother who died in Bihar. While his relatives performed the last rites of his mother, Rahman was busy distributing food packets to the needy and homeless and migrant workers across Delhi.

Then there was Syed Uzma Parveen, a graduate of Lucknow University and a mother of two. Clad in a burqa, with a mask on her face and a sanitizing machine tied to her back, she has been making the headlines for all the right reasons. She has been sanitizing lanes, localities, mosques and temples of Lucknow for the last

two months. She only had the backing of her husband and money meant for her children's education.

Gender Implications:

There has been a rise in cases of domestic violence and child abuse in different parts of the country. The National Commission for Women (NCW), which receives complaints of domestic violence from across the country, has recorded more than twofold rise in gender-based violence in the national Coronavirus lockdown period. The total complaints from women rose from 116 in the first week of March (March 2-8), to 257 in the final week (March 23-April 1).⁷

The increase in domestic violence has been largely due to the people being confined to the four walls of the house and not being able to go outdoors. There has also been an increase in the incidents of child sexual abuse. This is due to the perpetrators not being able to go outside and being in the same place where the vulnerable children are. Increased online sexual harassment has also been reported during these times.

The ChildLine India helpline received more than 92,000 SOS calls asking for protection from abuse and violence in 11 days. This a very serious indication that the lockdown

has turned into extended captivity not just for many women but also for children trapped with their abusers at home.⁸

Such problems can be addressed when we address the feminine dimension of the human psyche. The problem of men perpetrating violence on the women and children is to be looked on more as a sickness that has to be dealt with. To deal with this situation, counselling sessions for the family and gender sensitivity workshops need to be organised. In these sessions, the participation of men must be ensured to make the effort yield the desired results.

The Role of the Local Church:

1. Churches and para-church organisations in different parts of the country have been organising relief responses for the needy. This has mostly been the provision of dry food ration to the people who are in need of food. They have also been providing food to the migrating labourers who are trudging to your native villages on foot. While this is alright for the present and can continue for some time, we need to do something more sustainable. This can be done no better than the church as it is the church which will sustain for all time to come.

2. The local church could also work for helping the returning

migrant labourers to find jobs

3. The church can also organise family seminars organised to address the issue of domestic violence and promote harmony in the family. Issues pertaining to the protection and prevention of sexual abuse of children to be discussed in these forums.

4. Help children to get enrolled in schools so that their studies can continue and they are protected from becoming child labourers, abuse, and exploitation.

5. The needy youth can be trained as per their need and aptitude to be

employed in the changed scenario.

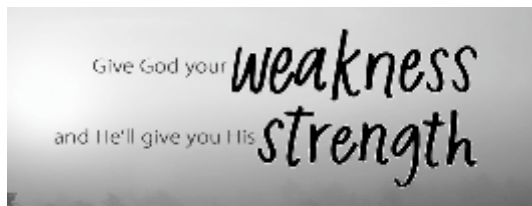
6. Reach out to leaders of other faiths and disseminate the message of hope to the people.



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1. 40 crore Indian workers may sink into poverty due to COVID-19: ILO, live mint, April 8, 2020.
 2. Mason walks over 800 km to reach his village, The Hindustan Times, March 30, 2020.
 3. Children of a lesser god: For these migrants it is a long road to solace, The Hindustan Times, April 1, 2020.
 4. Rustic belief: "Corona can't harm us as we pray regularly", Haider Naqvi, The Hindustan Times April 5, 2020.
 5. Muslims perform last rites of Hindu neighbor, The Hindustan Times, March 30, 2020.
 6. Muslims help perform last rites of Hindu neighbour in Madhya Pradesh amid lockdown. The New Indian Express, April 8, 2020.
 7. Domestic Violence Cases Across India Swell Since Coronavirus Lockdown, Lachmi Deb Roy, Outlook April 7, 2020.
 8. Govt helpline receives 92,000 calls on abuse and violence in 11 days, The Economic Times, April 8, 2020



DAWN TO DUSK

*To the world out there,
It's time to share
Probably you don't care
But by the end it'll be fair!*

*Ring, ring, ring goes the alarm ring,
I ask myself what has this new day to bring?
Past week wasn't as smooth as I could swing
But all I know, I need to still cling.*

*I wear my smart, ironed uniform
And in the morning sunshine am ready,
I smile at the mirror that loves my this transform
Even though I know things always won't be steady*

*Then I walk swiftly with a brisk
Being late is not in my list of risk
To reach my long day destination
The hard work pays off service to my nation*

*Good morning, good morning I am busy greeting,
All the people I go on meeting.
This is how I start my day
Which who knows has joys, thrills or cries outlay.*

*Patients are just waking,
And we have new blankets for bed making
Some unable to as their back is aching
And we are never in the condition of forsaking.*

*I prepare my list of injections
And my tray as sterile as it could be
No chance of giving my patients infection
Because that totally is not the best of me*

*In a day I play many roles,
To some, I may be like a mother or a sister
Or a friend or a daughter
But I am glad to touch their souls*

*Then shifting to college and classes
Learning to remove therapeutic impasses
Attending the short-long lectures
To never end up in conjectures*

*Oh the evening brings along our tutor in rounds
Which sometimes is no less than battle grounds,
Which says,
Must know bed to bed patients in the ward
Then only one day you'll get a reward*

*We make ourselves available at all time
As to fulfil your needs and safety is our concern prime
Nothing hinders us not even the clock
From doing wonders, as it goes tiktok*

*Reaching back to my room
After my day so long
Still like a flower I bloom
And yes this is the best part of my song!*

*Sharing the happenings with my friend
Brings my beautiful day to an end.
The story of this one day, goes on to multiply
So like an eagle I can soar to heights and fly!*

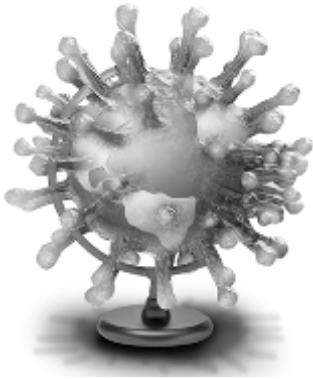
*This profession teaches me to keep my headstrong,
Whether things go right or wrong.
Not a moment to be anxious or nervous.
But to render selfless service*

*Be it in good or worse
I will be there for I am a nurse.*



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WHY WON'T GOD HEAL THE WORLD OF THE CORONA PANDEMIC INSTANTLY?

Rev. Dr. Duke Jeyaraj

The Bible is clear about God's ability to heal. Healing is a child play for him! But there are reasons why he chooses not to heal instantly. I thank Dr. Jack Deere for pointing these reasons to me in one of his books.

The first reason is perhaps backsliding. Read Psalm 74:9,10,11. “We have not been given any miraculous signs and no one knows how long it will be before the healing takes place. There are no more prophets remaining. How long will our God take to act? Has God withdrawn His right hand?” – that is how that passage goes. God is a spirit, but his right hand is referred to anthropomorphically (how the Bible attributes human traits to God so that we can understand him better). How long will God take to act? This is the question of atheists, agnostics, infidels.

God took the Israelites from Judah located in Southern part of the Promised Land of Israel, as captives to Babylon because of their idolatry, adultery, and stubborn backsliding. During their exile of seventy years, there were no signs of miracles and God disciplined them. So, why won't God take away this pandemic, here and now? This could be one possible reason: this is a period of divine discipline for us.

The second reason is Loss of First love or Legalism. Read Isaiah 29:8,13. “God has closed the eyes of the prophets and visionaries through whom God's miraculous powers were displayed.” If you read the entire chapter, you will find out that the prophets became ineffective. Nothing is happening now, and matters are getting worse. We are looking at a situation where 1 out of

4 or 5 approximately have got the Corona virus in New York, one of the most advanced cities in the World (April 2020). When people honor God with the mouth and not the heart, it is legalism. During this time of lockdown, we should reflect on how genuine our relationship with God is. How deep is our love of God?

Dr. Jack Deere, an American theologian, says that when Martha made a request to Jesus, He did not oblige. But when Mary asked Him, Jesus raised Lazarus from the dead. Martha liked to work for Jesus and prepare food for Jesus but Mary enjoyed Jesus' very presence and wanted to stay close to him and latch onto every word that Jesus spoke. When we analyze our lives, we find that we too are more like Martha than we are like Mary. We like to work for Jesus (preach for Jesus, travel for Jesus, etc) but we do not spend adequate time with Jesus. And what is more, when we work for Jesus, what we do, does not come from the heart. It is all mechanical. It is just part of a routine. We do it to get a salary. God's heart will not be moved when he sees such legalistic work. Let us repent of our legalism. Let us love Jesus with an ever-increasing love. Then, who knows, the miracle for we are long waiting for (say the complete stopping of this terrible

pandemic or any other miracle), may happen without delay (again, needless to say, as per the Divine Will)!

The third reason why God does not instantly heal is, that He wants to give us added grace during this time of distress. Read 2 Corinthians 12:8-10. Paul is using the proverbial phrase "thorn in the flesh." Apostle Paul prayed for healing (as seen in this passage). Some say that Paul had poor eyesight and therefore, his writing ministry suffered. And still others say that Apostle Paul was married, and his wife was a thorn in the flesh (humorously). Paul is asking for healing from this mysterious 'thorn'.

This pandemic is like a thorn. Look at what it did to the world economy! See, how many people lost their jobs!

But His grace is sufficient for us. God is giving us a supply of spiritual power which is grace, and it comes to us specially during a period of suffering and pain like this. Apostle Paul mentions this in 2 Corinthians 12:8-10. Hyper-supernatural cult preachers say that after Jesus' death for us on the Cross, we should not go through sickness or death. They should pay heed to this Scripture

passage and change their wrong teaching which is leading people to hell. Notice that Apostle Paul says here: “I take pleasure in infirmities, in reproaches, in needs, in persecutions, in distresses for Christ's sake” (2 Cor. 12:10). If God's plan was that we must not suffer post the Cross of Christ, there is no way Paul would write like this!

The fourth reason why God has perhaps allowed this pandemic and did not take it away in hurry is this reason which will come out as we read John 5:1-15. The scene is the pool of Bethesda. How many paralytics were around the pool? There were many sick people waiting for an angel to come and stir the water, just like we stir the coffee in the morning. Just when the paralytic tries to reach the pool at that time, someone else gets in ahead of him. (verse 7) The paralytic was sick for 38 years (verse 5). But Jesus healed him. God healed the paralytic at a particular time, hour, day. Jesus healed one among the many sick folks near that pool. From a pool of sick people near the pool, Jesus chose to heal one person. God has a time to stop the pandemic. The miracle depends on God's sovereign will (Heb. 2:4). Miracles do not depend on what we say or command. God is the potter and we are the clay.

It seems that God wants to give this pandemic more time before he may choose to miraculously intervene and stop this. Or he can even choose to keep this pandemic on till his soon-to-come return! Some false teachers say that the miracle is in our mouth. No, only foul odor, is in our mouth!

So, what should we do now? Luke 18:1 says that “men ought always to pray and not faint.”

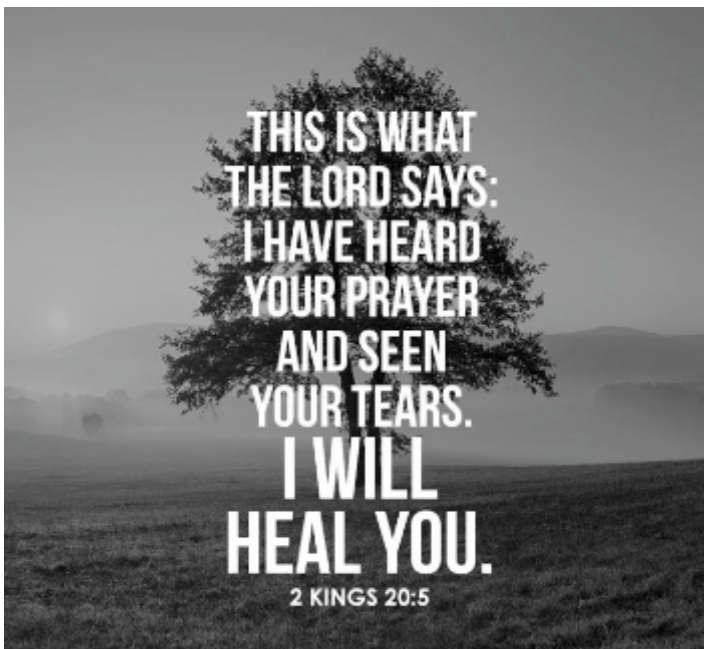
Let us pray right now!

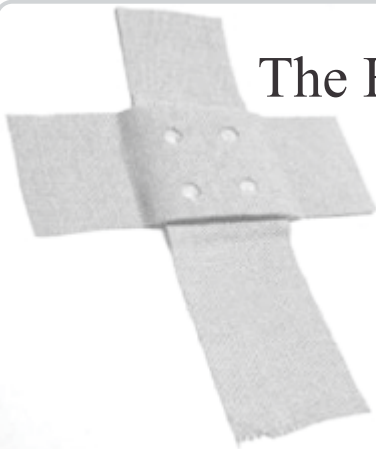
“Lord, help us to pray without giving up. Let there be no fresh infection of corona virus anywhere in the world for the believer or the non-believer. You are able to do that and we believe it, Lord. We pray for those who have symptoms right now like coughing or those who feel something has gone wrong with their body. Heal us by your stripes. Right now, Lord! Please Lord! You died on the cross and shed your blood. Healing virtue flows still from the cross of Calvary. We receive that. I pray you will perform a miracle. Lord! Please give wisdom to our government authorities and law enforcement officers across the globe to enforce the lock-down and curtail the spread of the virus. During this time, we pray that we

will spread the gospel exponentially – much like how the virus is spreading – through online medias. Via Zoom, let us zoom with the Gospel and the Word of God! Lord, we want to be involved in discipling others. Let 1 disciple of Jesus become 2. And 2 disciples of Jesus – may they become 4. Let 4 become 16! And, so on and so forth. Let there be exponential multiplication of disciples of Jesus. Bless us as we spend family time together – talking, painting and doing other planned activities. Bless each one who is watching. We give you honor, glory, and praise. We ask all this with thanksgiving in Jesus' name. Amen.”



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The Healing Mission of the Church

Rev. Dr. David Mende

The medical profession has always been considered a noble profession. Particularly, during the present global crisis, our government and people began realizing the importance of healthcare professionals as well as healthcare infrastructure. As a result, there is a renewed recognition and appreciation of medical professionals in our country. Doctors are indeed God's gift to society. Even as we celebrate National Doctors' Day on July 1 in our country, we must be thankful to the medical fraternity for their sacrificial work.

The God Who Heals

In the Bible, God reveals Himself as the Healer. In Exodus 15:26, God says, "I am the LORD, your healer." Even in the New Testament, we see that healing was an essential aspect of Jesus' ministry (Lk. 4:18-19). God is concerned about the

healing of His people. However, He is not interested in physical healing alone. He wants people to be healed in spirit, soul and body. What's more, the cross of Christ reminds us that Jesus came to this earth and died on the cross so that we can be healed from sin, sickness, and ultimately death.

The Challenge of Healing

According to the World Health Organization (WHO), in 2019, there was a shortage of six lakh doctors and twenty lakh nurses in India. That's a shocking figure. The present coronavirus pandemic has exposed our nation's unpreparedness in meeting the medical needs of our people. This is a wake-up call to all of us, and especially to the Church to be actively involved in its medical mission. Today, there is a dearth of medical personnel, especially in rural areas. We must pray that God

would raise up many medical workers to cater to the ever-increasing medical demands in our country.

The Channel of Healing

The Bible says that Jesus “went about doing good and healing all who were oppressed by the devil” (Acts 10:38). In Matthew 10:1ff, Jesus calls his twelve disciples to replicate this ministry. Even today, the Church is called to be a channel of healing. In John 5, we see that an invalid man was waiting at the Pool of Bethesda for thirty-eight long years to be healed. There are many such people in our world today. People need healing in their spirit, soul, and body. The Church is called to serve as a healing community to a hurting world. While all of us may not become medical professionals or serve in that capacity, all Christians are called to bring healing to this hurting world in different ways.

The Purpose of Healing

The purpose of all healing is God's glory. For example, we read that when the paralytic was healed, people glorified God (Mk2:12). The Bible says that we are created for God's glory (Isa. 43:7). Also, we are commanded to glorify God in all that we do (1 Cor. 10:31). We are called to be the salt of the earth and the light of the world, and thereby glorify God through our good works (Mt. 5:13-16). Also, God desires that

those who receive physical healing would also receive spiritual healing by trusting in Christ. God wants to heal our whole being. So, even as we serve as channels of healing, our ultimate goal must be to glorify God and to lead people to the saving knowledge of Christ.

The Inspiring Story of Ida Scudder

Christians have been at the forefront of medical service. Several medical missionaries have impacted the society around them by ministering to the sick for God's glory. One such person was Ida Sophia Scudder. Her story continues to inspire countless people. In 1980, Ida came to India from the US as a twenty-year-old girl. Her father served as a medical doctor. On one particular night, three different men came to Ida's home to seek emergency help for their pregnant wives as they were close to delivery. But because of the cultural restrictions, none of these men were willing to take the help of Ida's father. At that point in time, Ida didn't have any medical training. So, even she couldn't help. On the next day, she heard the heart-breaking news that all three women died due to a lack of medical assistance. This was the turning point in Ida's life. God used the three knocks on the door that night to knock the door of Ida's heart and eventually she committed herself to serve the women in India.

So, she went back to the US and

received training to become a medical doctor. In 1900, she returned to India and began her work among women. Ida was passionate to see even women having access to decent healthcare that men had. Initially, her clinic had just one bed. Eventually, it expanded to a forty-bed hospital. Ida's vision, perseverance, and hard work have caused the small hospital to grow into today's prominent medical hospital and educational institution—the Christian Medical College (CMC) in Vellore. More than twenty lakh patients receive treatment each year at this hospital. Also, more than one thousand doctors, nurses, and other medical professionals are trained to serve as agents of healing. Because of Ida's vision, today, CMC is a premier hospital, medical school, and research institution in our nation.

Conclusion

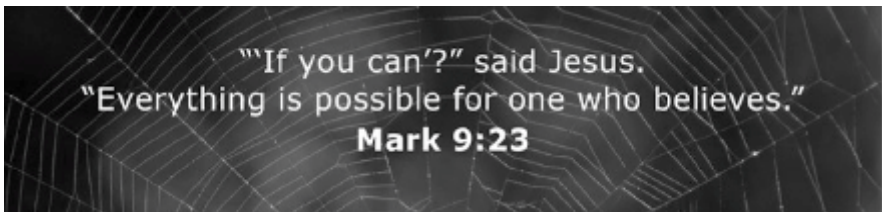
As we salute the medical professionals on the National Doctors' Day, let's imitate Jesus, the Master Healer, by being channels of healing. It's time for the Church to

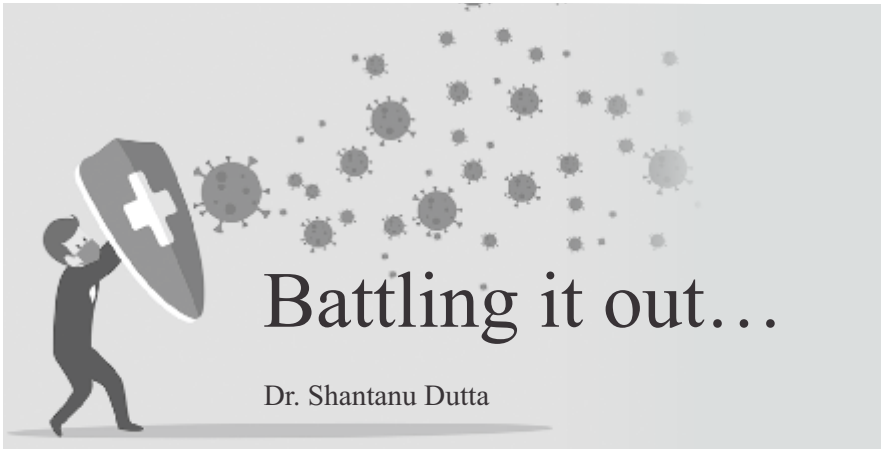
focus on its medical mission. May the Lord raise up many Ida's within the Indian Church. May the Church be a compassionate and Christ-like agent of healing in this hurting world!



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India confirmed its first case of COVID-19 on January 30, and today, the number of cases at least in parts of the country are galloping. The limited number of hospital beds and ventilators is a serious concern. Already hotel rooms and train coaches are being converted into makeshift temporary hospital wards. However, an absolutely binding constraint in the healthcare sector is that of doctors. A doctor takes approximately 6 to 12 years to acquire the necessary qualifications. Thus, the total stock of doctors in a country cannot be increased quickly in the short run.

A complementary policy would be to train paramedical workers to conduct less skill-intensive tasks like routine check-ups, blood pressure monitoring etc., to take some of the load off the trained

doctors. Unfortunately, COVID-19 pandemic does not stop patients suffering from other ailments from needing or even outpatient healthcare services. During this time, more patients, especially non-urgent ones, should be encouraged to use telemedicine services as much as possible. In this regard, NITI Aayog has recently published guidelines for practitioners to provide healthcare using telemedicine hospitalisation

With growing number of coronavirus cases in India (and worldwide), policymakers have sprung into action – more information is being disseminated about preventive measures such as hand washing and not touching the face. Social distancing has been suggested as a tool to “flatten the curve”, or in other words, prevent the health system from being

overburdened. The jury is still out as to whether Community spread of the disease which will lead to rapid and huge increase in demand for health facilities has started.

As Private healthcare is expensive and unavailable for many poor households in India, this will leave public healthcare facilities as the only available option for them. For patients who are found to be COVID-19 positive, isolation wards are needed; additionally, for critical cases, intensive care is needed. Currently, almost all suspected cases of coronavirus are referred to government hospitals and it's important to assess where we stand in terms of medical capacity to provide necessary healthcare to the affected individuals.

Meanwhile, overworked Indian medical professionals are now increasingly fighting on a whole new front in the Covid-19 battle: stigma. Fully under the grip of the global pandemic, the country is reporting cases of doctors, nurses, and other health care professionals, on the frontline of the battle, being shunned by others for fear of being infected. This includes the threat of being evicted from their own apartments and general ostracism.

In West Bengal's Kolkata, the Federation of Resident Doctors

Association (Forda) wrote to the Indian health ministry yesterday (March 24), seeking protection and safety. Several doctors and nurses of New Delhi's All India Institute of Medical Sciences (AIIMS) have reported harassment from neighbours, forcing the hospital's Resident Doctor's Association to seek government intervention.

India's health care workers, especially doctors, are an overworked lot even under normal circumstances. For instance, there are fewer than one doctor available for every 1,457 Indians, while the World Health Organization recommends a ratio of 1:1,000. In comparison, Australia has three doctors for every 1,000 people; Germany has four. In any case, these are extraordinary times, increasing the pressure on health care workers manifold. In many parts of the country, doctors themselves have fallen ill following exposure to the virus.

On another front, over 1,000 hospitals and 60,000 inpatient beds guaranteed by India's Christian institutes, hospitals and clinics are ready and equipped to provide medical care to the country's Covid-19 patients, according to the Christian Coalition for Health (CCH). Christian communities in India are strongly and traditionally

engaged in social works in the field of education, healthcare and assistance to the poor and needy. The CCH brings together healthcare facilities managed by different denominations of Christians in India. It includes the Catholic Health Association of India (CHAI), the Christian Medical Association of India (CMAI), Emmanuel Health Association (EHA) and the Christian Medical Colleges (CMC) of Vellore and Ludhiana. Together, the coalition accounts for over 1000 hospitals and over 60,000 inpatient beds.

The current Christian response is consistent with what we learn from church history. Traditionally, Christians have often viewed contagious diseases as tests of our faith. In the second and third centuries, the early church viewed the plague in this way—a test challenging them to respond in love, faithfulness, and trust. And the historical record would seem to indicate that many of those early Christians passed that test. During plague periods in the Roman Empire, Christians made a name for themselves. Historians have suggested that the terrible Antonine Plague of the 2nd century, which might have killed off a quarter of the Roman Empire, led to the spread of Christianity, as Christians cared for the sick and offered an spiritual

model whereby plagues were not the work of angry and capricious deities but the product of a broken Creation in revolt against a loving God.

But the more famous epidemic is the Plague of Cyprian, named for a bishop who gave a colourful account of this disease in his sermons. Probably a disease related to Ebola, the Plague of Cyprian helped set off the Crisis of the Third Century in the Roman world. But it did something else, too: It triggered the explosive growth of Christianity. Cyprian's sermons told Christians not to grieve for plague victims (who live in heaven), but to redouble efforts to care for the living. His fellow bishop Dionysius described how Christians, “Heedless of danger ... took charge of the sick, attending to their every need.”

This habit of sacrificial care has reappeared throughout history. In 1527, when the bubonic plague hit Wittenberg, Martin Luther refused calls to flee the city and protect himself. Rather, he stayed and ministered to the sick. The refusal to flee cost his daughter Elizabeth her life. But it produced a tract, “Whether Christians Should Flee the Plague,” where Luther provides a clear articulation of the Christian epidemic response: We die at our posts. Christian doctors cannot abandon their hospitals, Christian

governors cannot flee their districts, Christian pastors cannot abandon their congregations. The plague does not dissolve our duties: It turns them to crosses, on which we must be prepared to die.

The Christian motive for hygiene and sanitation does not arise in self-preservation but in an ethic of service to our neighbour. We wish to care for the afflicted, which first and foremost means not infecting the healthy. Early Christians created the first hospitals in Europe as hygienic places to provide care during times of plague, on the understanding that negligence that spread disease further was, in fact, murder.

This unprecedented pandemic is being played out in the glare of social media. Even the most experienced physicians and nurses are taking one day at a time, and are adapting minute by minute, as they do not know what will happen next. We can and must be motivated by our own awareness of the terrible feelings of

isolation and loneliness now known first-hand. And let us be moved into action as we recall in sacred Scripture John 10:10 which tells us that, “I (Christ) came so that they might have life and have it more abundantly.” Let us not allow anyone among us to live short of that abundance while in our midst. Let’s be sure to bring life to all, and bring it to the fullest.



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THE MEDICINE PEOPLE

Rev. Kuruvilla Chandy



When I was about four or five, my father took me to see a doctor. We were living in Bangalore then. Sixty-five years later, while I cannot recall what my ailment was, I can still remember the doctor's name: Dr Sheshadri. The reason I have a clear memory of it is that it was a memorable visit.

The clinic was part of the man's home. When my father and I got there, there were a few other men in the consultation room. They were all having a good laugh as the doctor was telling them stories.

Since I was the only young boy present, the doctor decided to entertain me (and the others) by introducing us to his latest pet. He pulled out a slender green snake about the length of his arm and dropped it on his desk. As the snake slithered around on the table

everyone else in the room drew back. The doctor reassured everybody that it was quite a harmless snake. He picked it up and allowed it to curl around his arm. Ever since, I've wanted to have a little green snake for a pet.

My next memory of doctors was of a neighbour who lived in the Vallabhdas Blocks in Nampally, Hyderabad. For any illness we had as children, my parents took us to see him. He was qualified and reputed. The clinic was on the Public Gardens Road and I am sure that he had many patients because of that prime location. But all who lived in Vallabhdas Blocks were his neighbours and he treated us as neighbours, not patients.

As we grew older, and outgrew childhood illnesses, the need to see doctors was very occasional.

During my time in seminary, I developed a skin problem. While home for a vacation, mother asked me to see doctor so and so, who was a member of Christ Church, and would show due regard because I was a seminary student preparing for ministry, and that is exactly how it was.

In 2016, I was diagnosed with Chronic Lymphocytic Leukaemia. I didn't need any treatment immediately, and the Lord gave me enough time to relocate from Lucknow to Trivandrum. It was only fifteen months later that I had to have chemotherapy.

Exuding Comfort

My oncologist is a very friendly doctor and very caring. He has allowed me the liberty to message him with queries or concerns as and when they occur and I get a reply soon afterwards. It is comforting to know he is my doctor. I feel free enough to comment about his family pictures and to share some of my writings. When he shifted from one hospital to another, I too moved to the same hospital.

I really appreciated my oncologist's demeanour and conduct when I had to consult another specialist for another ailment that arose during the course of the second round of chemotherapy that had to be

attended to before the chemotherapy could continue. The new specialist is well-qualified, highly recommended and much in demand. However, my wife and I were not comfortable. He had no “bedside manners”. To him, a patient was just a patient – a number. So, we looked around for another doctor of that speciality and are so much happier to have found one. He's friendly and caring and we discovered that he had done his postgrad work in Lucknow, adding to the sense of familiarity and camaraderie.

In any hospital or nursing home, the nurses are the main caregivers for patients. They have to remain alert to patients' needs round the clock. If they are neglectful, patients will suffer setbacks. Their friendliness not only makes patients feel comfortable when they are around, but it is therapeutic.

Nobility

The recent Coronavirus pandemic sweeping the world has also shown how many of our doctors, nurses, lab technicians, ambulance drivers and cleaning staff are heroes willing to put their own lives at risk to treat people.

In old English novels, there was the notion that there were three noble callings in a village: the parson, the teacher and the doctor. Are people

who choose these lines of work safeguarding their nobility?

When I was pastor of the Lalbagh Methodist Church in Lucknow, one young man applied to get the denomination's sponsorship to one of the Christian Medical Colleges in India. He had to write an essay indicating that he had the dedication to serve people selflessly with compassion and care. I read the essay and felt disgusted that he was claiming to be what I knew he certainly was not. As pastor, I was required to simply forward it to the denominational administrative office dealing with such applications. I was happy when the young man was not selected for sponsorship.

That young man is representative of a new generation of people who go into medicine as a way to make plenty of money, not to be caregivers to hurting people.

Swearing Ceremoniously?

When medical students graduate, they take the Hippocratic Oath in some form or the other. This oath is attributed to the Greek physician Hippocrates (460–370 BC). The oath requires new doctors to swear to uphold ethical standards.

In its original form, the oath starts with the medical practitioner

swearing by Greek gods of healing. Next, the new doctor swears to honour his teacher and give him and his family material support as needed.

Significantly, the oath binds doctors to the following ethical standards: “I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art...

“Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.”

In summary, the oath requires medicine people to help the sick, do no harm and keep confidence.

Trouble is, our generation loves ceremonialism. We love the rites of passage because of their artistic

beauty. We swear with no intention to keep promises made.

There used to be a time when there was such a thing as a “gentleman's word”. Once a person gave his word, he was honour-bound. Promises were kept at any cost, even one's own detriment (Ps. 15:4). That sense of honour is sadly missing today. Only legal contracts are deemed to be binding because one could be dragged to court.

Medical Ethics

Today, many of those involved in healing have forgotten the principles of medical ethics memorialised by the Hippocratic Oath. Some hospitals with the cooperation of medical staff milk a patient and his or her family by all sorts of means: requiring expensive, unnecessary tests to be done with high-tech machinery so that the hospital recovers its investment, doctors referring patients to labs for various tests and procedures to get a kickback from the labs, pushing medicines unnecessarily because pharmaceutical firms send them on international trips, etc.

My friend, a pastor in Lucknow, was admitted in a hospital with respiratory problems. After he had already died, the doctor attending him told the family that a rather expensive medication was required

to continue the treatment. The family was saved from wasting money only because a lowly cleaning woman whispered to a family member that their loved one had already died.

One cannot reflect on all this without thinking about the role of insurance companies offering health insurance. When people buy insurance, the company lays down the terms and people accept the terms. But have you noticed that insurance companies can change the terms unilaterally? John Grisham's novel *The Rainmaker* captures how insurance companies go all out to deny claims. In short, they fraudulently claim that the insured's claims are fraudulent. In Grisham's novel, the insurance company is a private one. In India, the nationalised insurance companies do the same thing. Instead of the government's agencies being “for the people”, they are against the people.

In olden days in tribal societies, there were medicine men or witchdoctors who offered all sorts of remedies. A lot of it was hocus-pocus. They put on a show cloaked in an aura of mystery. The medicine men used their chants and ritual dances to exercise cultic power over tribes people. One has to wonder if instead of upholding medical ethics, many health practitioners are reverting to exercising power for their own

benefit like the old witchdoctors?

Divine Healer

Our Lord engaged in healing. One word that was constantly used to describe His healing ministry was “compassion”. Again and again, the gospels say that He was “moved with compassion” (Mk. 1:41; Matt. 14:14). He cared for people. He felt for them. He felt what they felt. When people were healed, He felt His power going out from Him (Mk. 5:30).

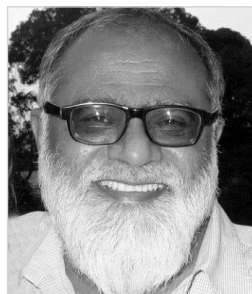
The Lord Jesus encouraged faith. When people's faith was aroused in response to His person, teaching, and power, He built up their faith by telling them “your faith has made you whole” (Lk. 8:48; 18:42). He met people at their own level. A man cried out, “Lord, I believe: help my unbelief” and Jesus acted on that bit of faith mixed with unbelief (Mk. 9:24).

Most importantly, when Jesus healed people, He “bore” their diseases (Matt. 8:17). He didn't regard people as projects and experiments. He wasn't aloof from them. Their burdens became His. He cared for them so much that their sufferings and sorrows became His. He was the Good Shepherd who carried lost sheep on His shoulders (Lk. 15:5).

Doctors, nurses, and other

healthcare workers need to develop the mentality and attitude of Christ (Phil. 2:5). He said that He came “not to be served”, but to serve (Mk. 10:45; Matt. 20:28). It is significant Jesus put the negative condition, before the positive statement of His mission. Politicians all over the world claim to have a desire to serve. But they never ever say that they don't want to be served. They do want to be served. They seek office for the privileges and perks that will come to them with office. They want others to serve them. They want to lord it over others.

Healing is a ministry, not a business. Those engaging in healing must have a heart like Jesus: to have compassion, to build people up, and to carry them and to serve them.



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Doctor: “O, What a day!”

Mr. Hansraj Jain



Our family dinner times are always special. It is our time to catch up on the day's event. After the nine-year-old and the six years old had narrated their stories of the day, my son (a Surgeon) piped in and said, "Well, I had an interesting patient today." The kids love his stories. He has a humorous way of telling them.

So, he began his narration.

This patient, the nurse as she wheeled him to my OPD (Out Patients Department), I saw that he was clutching his throat and moaning aloud saying, "Aigah, AioyAigah, AioyAigah."

Now you can image the reaction of other patients waiting in the corridor! Almost every face grimaced in pain as if they were the victim!

We all laughed at the thought!

At this, the nine years olds curiosity got the better of him. He asked, "Why, Dad? Was he a little kid in great pain, Dad?"

"No, no, no", replied my doctor son. The patient is actually 40+ years old. "Oh, poor man. He must have been in real trouble, right Dad?", pat came the response.

"Well, allow me to tell you what happened next.", my doctor son said.

Everyone at the table fell silent.

"The next thing that happened when he saw me was, he began to speak very loudly, more like he was almost shouting, "Doctorji, help me. Doctorji help me. I have Coronavirus growing in my mouth.

Doctor ji, Please do something, Doctor ji. Save me. This virus, it is going to kill me. I do not want to die. Please help me. Please help me."

The moment the nurses and the other patients in the corridor heard the word "Corona Virus", the entire corridor, in a blink of an eye emptied, except for the nurses, relatives of the man and I."

The imagination of everyone rushing away in a sudden hurry, had everyone at the table, smiling or laughing.

"Being a doctor and nurse, you cannot run away, can you? We are the frontline, guys! Now I have never heard this kind of a claim being made before. Collecting my wits, the first thing to do was to manage the fellow and have him calm down before he developed a hysteria. Once he was calm, the logical thing to do was to direct him to the appropriate department: The ENT! So, I told the patient and his relatives that they needed to go to the ENT Dept and see the Surgeon there. He will examine and do the needful for the patient." With that, I sent him to the ENT Surgeon.

Phew. Chaos was gone. Or so I thought!

Within a couple of hours, the ENT

Surgeon called to tell me that he had sent the patient back with a note. The note read, "All the tests and scans reveal nothing out of the ordinary. Can't find any abnormality in his mouth either. Everything appears normal. I am returning the case to you at his demand."

Sure enough, there he was, the patient was back outside my OPD loudly muttering, "Doctor ji save me. Why did you send me to such an incompetent doctor who cannot do anything? Why don't YOU do something? I came to you first. Please remove this corona virus in my mouth, other-wise it will kill me."

[It is amazing to watch a live demonstration of how much fear Corona Virus has managed to generate!].

Our six-year-old could not contain himself and blurted out, "So, what did you do, Dad?"

"Well, I decided that I will have a look at his mouth, myself. I was already wearing my safe gear. So, I got a couple of spatulae, and a flashlight to examine him. A couple of those who had accompanied the patient, moved to the end of the examining table to see. I got them to hold on to his feet – just in case the guy decided to try something out of

the blue. They also wanted to help so seeing my flashlight come on, they too, voluntarily, switched on their mobile lights and focussed it towards the patient's mouth. It was an amazing scene – several mobiles, all lit up plus my flashlight, shining into the man's mouth.

Anyway, I examined the throat and the mouth, searching for something protruding. There was nothing out of the ordinary. The only thing that I could find were the taste buds and they appeared normal and, in the place, where they were supposed to be!

But, all us were in for a surprise. The moment I touched the taste buds, the patient pushed my hands away and cried, “That's the Coronavirus, doctor. You found it. Eureka! You have to remove it and save my life.” The patient almost went berserk with hysteria.

I was so glad that I had a couple of his relatives were holding his legs down. They kept him pinned down. Somehow, we had to calm him down from becoming hysterical. So, this time, before examining him again, I decided to call in a male nurse to make sure the guy was fully safe! Who could say what the guy would get up to next when I retouch those protruding “Corona Viruses” (read: Taste buds!).

Once everyone was in place, I began again, with all the torches pointed and blazing into the mouth. When I retouched the taste buds, this time the patient shook his head as if he was having a 'fit'. His reactions were amazing. I did not know whether to laugh or to tell him off. Instructing everyone to holding him down, I managed to finish examining him.

“Alright, you can sit up and get down from the table.” I instructed him with a firm voice.

Once he was seated across the table from me, I told him that the growth he thought were NOT Corona Virus, they, in reality, were his taste buds. "These taste buds are not a foreign body. I can operate and remove them if you insist. The consequence would be that for the rest of your life you would be unable to taste any food at all. All food you eat will be tasteless. Do you want that?"

Shocked by what I told him, he just kept asking me, “Are you sure, Doctor? Are you really sure that it is not Corona?”

My conclusion and the threat of living without taste buds for the rest of his life, helped him calm down. With shame written all over his face and the fact that he had just made a big deal of it, quietened him. Just when we thought everything was in

order, the patient began all over again, "Really, Doctor? Are they only my taste buds and not Coronavirus growing within my mouth?"

When I had reassured him that they were just his taste buds and that there was no coronavirus in his mouth and that he could go home in peace, he gave a big smile that said, "Thank you, Doctor. I am relieved. I have been so stupid, haven't I?"

I smiled in return and nodded for him to leave. With that, he walked away, muttering, "Thank God, the doctor saved me, and it is my taste buds only and not Corona Virus."

After the patient had left along with his entourage of relatives and friends, I called the ENT Surgeon and told him. We all had a hearty laugh. Even the nurses laughed. He had made our day!

At the dining table, everyone laughed so much that a couple of us had tears running down our cheeks!

Corona Virus had lost another battle. Then my son said, "The principle of my work is simple: "We, the Doctors, treat. It is the Lord who heals!"



Mr. Hansraj Jain
Managing Director, Family, Marriage & Human Relationships, INHERITORS.



A Tribute for Mr. Patrick Joshua



17th June 2020

Mr. Patrick Joshua, former General Secretary of Friends Missionary Prayer Band (FMPB) went to be with the Lord on June 17, 2020, in Chennai. Mr. Joshua joined FMPB almost from its inception and started serving in various capacities until he was appointed as General Secretary. With his rich experience and expertise, he was able to steer FMPB to new heights and was instrumental in making FMPB as one of the most effective and successful indigenous missionary organizations with the highest number of missionaries serving in the remotest parts of India. With his ability to handle FMPB's administration effectively, he managed to open many new mission fields and successfully navigated emerging people movements among numerous people groups, like the Malto and Santhals etc.

He is fondly remembered as a man of deep faith and commitment to the Christian missions. But beyond that, he was a man of deep prayer. He continued to serve the Lord through the National Prayer Network after his retirement from FMPB and devoted himself to raising prayer warriors around the country by personally visiting and conducting prayer summits, encouraging, motivating and monitoring prayer movement across the nation. The impact of this was felt both within the Christian circles as well as in the nation. Despite his success and the widespread impact of prayer movement, he remained a humble man, stooping down to the lowest level to plead people to commit themselves to prayer.

Mr. Joshua will be remembered for his deep commitment to the indigenous mission, efficiency in administration, and sacrificial ministry at every level. His humility, passion for mission, and simple lifestyle were contagious. He not only promoted mission through his ministry but personified mission in his own life. A true man of God who fought the good fight and finished the race for the glory of God. His investment in the indigenous mission movement will ever be remembered as he has left a great and rich legacy behind. He was a true Christian mission spokesperson who lived a model Christian life that demonstrated a deep sense of mission commitment. The mission scenario in India has lost a great mission visionary, warrior, and a missionary exemplary model.

Rev. Vijayesh Lal
General Secretary

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29th June 2020

EFI STATEMENT ON THE CUSTODIAL KILLINGS IN SATHANKULAM, TAMIL NADU

Evangelical Fellowship of India condoles the custodial death of P. Jayaraj (59) and his son, Emmanuel Benicks (31), and condemns their gruesome torture in the police station of Sathankulam town of Thoothukudi district in Tamil Nadu.

The two belonged to the Nadar Christian community and owned a mobile phone store in the town. The father and son were arrested on 19 June by Sathankulam Police on the charge that they had defied COVID-19 lockdown regulations. The family said they were sodomized with rods by two sub-inspectors and two constables. They were bleeding profusely when they were produced before Magistrate P. Saravanan who overlooked their trauma and remanded them again to police custody on 20 June.

With fatal internal injuries, Benicks died in the Kovilpatti Government Hospital on 21 June. Jayaraj died the next morning. The police have also been accused of fomenting case and communal tensions in the city.

The Religious Liberty Commission of the Evangelical Fellowship of India on 21 February had reported a case from the same police station in which seven Christian pastors were taken into custody and assaulted. The police – Sub Inspector Raguganesh and Head Constable Murugan – beat them with batons causing injuries on their legs and backbone. The Christians were later released after human rights groups intervened in the matter.

Evangelical Fellowship of India calls on competent authorities for justice in the custodial death of Jayaraj and Benicks. Though the accused officers have been suspended, but they are free to terrorise witnesses. They must be arrested and charged with murder. According to the National Crime Records Bureau data of 2018, Tamil Nadu accounts for second-highest deaths in police custody. Gujarat being the first.

Evangelical Fellowship of India calls on the Central Government to take immediate measures in initiating police reforms in the country. Police brutality has become a global concern and continues to be a major cause of worry in the Indian subcontinent. The impunity with which police officers have thrashed and tortured civilians during lockdown curfews in every state has been widely covered in print and audio-visual media.

Minorities and Dalits are the worst victims. Thus far in 2020, the Religious Liberty Commission of EFI has reported 132 incidents of religious persecution against the minority Christian community in India. Despite the COVID-19 lockdown, reports of violence against Christian pastors and church members have continually poured in from all over the country.

Released by



Rev. Vijayesh Lal
General Secretary

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Intercessory Prayer Points



July 2020

1 WEDNESDAY National Doctor's Day. Pray for the medical fraternity today. Pray for their protection, acceptance and support from people, pray also that they would imitate Christ in their service. Thank God for the new month with new opportunity to serve Him.

2 THURSDAY Pray for the political leaders of our country. Pray that they may be able to pursue and accomplish goals that would bring growth to the country and peace with neighbouring countries.

3 FRIDAY Pray for all the online summer Bible camps that will take place this month. May God's Holy Spirit minister to all the children and youth groups.

4 SATURDAY Pray for Disha Foundation, New Delhi. Disha Foundation works with a vision to encourage and empower the economically weaker sections of the Indian society, particularly girls and women. Pray for courage, strength and guidance for those involved in this ministry. Pray for God's blessings upon them.

5 SUNDAY Pray for Bible Bhavan Christian Fellowship. BBCF is a community of believers who strive to bring God glory through the preaching of God's Word, prayer, music and loving God and one another. Pray that many lives may be transformed through their ministry.

6 MONDAY Pray for school/college children as they return after summer break. Pray that they would adjust well to the new normal as they pursue their studies online. Pray for children who are economically weaker that God would provide for their needs.

7 TUESDAY Pray for Indian Evangelical Mission (IEM), Bangalore. IEM is a multifaceted ministry with the goal of building and equipping people to fulfill the Great Commission. Pray for all the missionaries working with IEM as they share the Gospel of Christ boldly.

8 WEDNESDAY Pray for Tearfund-India. Tearfund-India works with communities to help them develop secure and productive livelihoods. Pray that the Lord would continually lead, guide and show them different

ways to address issues such as human trafficking, poverty, natural disaster, etc. Pray that the Lord's name would be lifted high through their work.

9 THURSDAY Pray for Delhi International Christian Fellowship. Pray that God would work in the hearts and minds of the congregation members who are from different and diverse backgrounds that God would bring the joy of being united in Christ.

10 FRIDAY Pray for those who are struggling with health issues especially Covid19. Pray that the Lord would provide comfort and healing. Pray that they would hear God's voice personally in their struggles.

11 SATURDAY Pray for all the EFI staff based in different parts of the country. Pray that they may serve the need of the churches, institutions and individuals with their best capacity that would glorify God.

12 SUNDAY Pray for the children of God's servants that they would encounter God personally and grow in holiness. Pray that they would have God's heart towards perishing souls.

13 MONDAY Pray for India Missions Association (IMA), Hyderabad. Pray for God's guidance and leading in all the things they do.

14 TUESDAY Pray that we may recommit our lives and services to God. Pray for more opportunities to serve God in the coming months.

15 WEDNESDAY Pray scripturally for the youth groups in your churches

and neighborhood. Pray that they may remember their Creator in the days of their youth. (Eccl 12:1). Pray from 1 Tim 4:12 for them that they would set good example in speech, conduct, love, faith and in purity.

16 THURSDAY Pray for Covid19 patients. Pray that God would have mercy on them and bring healing to them. Pray also that God would bring an end to this pandemic soon.

17 FRIDAY World Day for International Justice. Pray that justice systems in our country will be strengthened and effective.

18 SATURDAY Pray for your church to be an ambassador of reconciliation. Pray that many broken lives be mended and healed. Pray that relationships to God and man are restored.

19 SUNDAY Continue to pray for your pastor and his family. Pray that the Lord would strengthen them and use them effectively in His vineyard.

20 MONDAY Pray for the ministry of Interserve India at Pune, Maharashtra. Interserve is a cross-cultural, interdenomination evangelical fellowship of Christians committed to each other in partnership and in service to the people in the field of education, medical services, community & spiritual development in India. Pray for God's protection. Pray that Christ's love may be displayed to the world with their works.

21 TUESDAY Pray for the ministry of RZIM in India. The primary mission of Ravi Zacharias International

Ministries is to reach and challenge those who shape the ideas of a culture with the credibility of the Gospel of Jesus Christ.

22 WEDNESDAY Pray for Bible Centered Ministries International – India (BCM-India) based in Chennai. Pray for the 52 BCM Tamil Nadu full time staff, families and their needs. Pray that the Lord would provide all their needs so that they would fulfill their callings.

23 THURSDAY Pray for Ashish Foundation, a school for differently abled children. Pray for innovative and creative ideas as they teach the children. May God bless the ministry abundantly.

24 FRIDAY Pray for Jesus Bless Ministries, Odisha. Pray for integrity and excellence in their service to God through this ministry. Pray for the Holy Spirit to come along with them in their challenges and

25 SATURDAY Pray for your daily personal quiet time. Pray that you would be able to spend quiet time with the Lord despite the loud outside world. Pray that you would grow in loving the Lord Jesus Christ and re-commit your life to Him.

26 SUNDAY National Parents Day. Give thanks for your parents, however imperfect they might have been. Pray that you would honour them as instructed by the Lord in His Scripture. Celebrate your parents' unconditional love and sacrifice for you and your siblings.

27 MONDAY Pray for North East India Committee on Relief and Development (NEICORD), Meghalaya. NEICORD renders assistance, love, care, relief & rehabilitation to disaster affected people. They also assist in leadership development and capacity building of the communities and help the needy and the poor achieve self-reliance through project initiatives.

28 TUESDAY Pray for Evangelical Financial Accountability Council (EFAC), an initiative of EFL. Pray that God may use EFAC to strengthen His Church in India as they provide accreditation and capacity building services and promoting transparency, accountability and excellence in governance.

29 WEDNESDAY Pray for CANA-India, New Delhi. Pray that as they minister to HIV/AIDS affected people, they would be filled with compassion. Pray that their services would bring changes in people's lives and glorify the Lord through their services.

30 THURSDAY Pray for Evangelical Fellowship of India Commission on Relief (EFICOR), New Delhi. EFICOR is engaged in Development, Advocacy, Disaster Response and Training, serving the poor, socially excluded and the marginalized in situations of poverty, injustice and disaster irrespective of caste, creed or ethnicity.

31 FRIDAY Thank God for the fruitful month. Continue to pray for God's protection for you and your family.



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Prayer for a corona-free world

*God Almighty, Ocean of Mercy,
Thy children of the Earth, do we
Beseech Thee in this hour of need
Away from corona, please lead.*

*Angel-like doctors and nurses
Fore'er toil to ward off curses
We pray for them with gratitude
Salute them with meek attitude.*

*Countless are gripped by the virus
Deaths of our dear ones shatter us
With Thy Guidance we're sure to cope
Thy Bounty is our only hope.*

*Loving God, we had been thoughtless
Selfishly led life meaningless
Humbly now we admit the Truth
All are equal to Mother Earth*

*Help us count our blessings always
Shun temptations in many ways
Great or small, all are made by Thee
Shall live in amity, pledge we.*

*Thank Thee God for World beautiful
Forever are we most grateful
God, in the grave crisis today
Helpless are we, show us the Way.*

- By a septuagenarian who feels she is a citizen of the world.

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